

Town of Westerlo Justice Court
671 County Rte. 401 Westerlo, NY 12193
Phone 518-797-3239, Fax 518-797-3598

Small Claims Form

Plaintiff: _____

Address: _____

Phone: _____

Defendant: _____

Address: _____

Phone: _____

Amount of Claim: _____

Nature of Claim: _____

Please Note: The Defendant MUST live or have a place of business in the Town of Westerlo.

Defendant's address must be a physical one, not a PO Box.

Filing Fee: Amount of Claim \$0 - \$1000.00.....\$10.00

\$1001.00 - \$3000.00....\$15.00
